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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
 JAPAN P.2001-55644 02/28/2001
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 ** 03/26/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	STATE OR COUNTRY JAPAN	SHEETS DRAWING 14	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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Verified and
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Examiner's Signature *[Signature]* Initials

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TITLE
 Orthodontic bracket

FILING FEE RECEIVED 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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